PSA
Te Pūkenga Here Tikanga Mahi

Vacant by design

How underfunding in health left critical roles unfilled and patients worse off

We are required to quietly cut and restrict services in order to prevent waiting lists from blowing out. For speech language therapy services we are required to focus on patients with dysphagia (swallowing disorders) instead of patients with communication disorders. This is having a devastating effect on vulnerable populations without access to alternative or private care.' – Speech language therapy

'I work in the CRISIS team, so we need to have a full team at all times, this is not the case. Significant possible suicide risk to our patients.'
– Crisis mental health

'We provide a wrap around whanau ora concept working along with clinician and other services. Ensuring Māori patients and others if they call on our service have holistic approach and choice while in our hospitals. Vacancies are causing a gap in patient visits by our team becoming a large gap and at times patients are not seen.' – Māori health

'Patients have been booked incorrectly or late due to lack of staff or use of relief staff who have not been trained, which is endangering patients and causing them to miss out on or be delayed for the care they need.'
– Administration

'I work on a small allied health team that supports children with disabilities. When there is an unfilled vacancy, it decreases our clinical capacity by up to 25%. This means that our service users have to wait longer to see a clinician, which can lead to safety concerns as timely intervention can significantly help to decrease medical complications, decrease safety risk, and ensure the best possible outcome for the child. The longer vacancies go unfilled, the longer the waitlists get. I worry about children having worse medical, developmental, and educational outcomes as they are not getting the support that our best-practice evidence says they need.' – Child Development Service

'We had to shut down a service to provide chemotherapy in an area as there were not enough nurses to provide treatment.' – Oncology

'Takes so long for a vacancy to be advertised, and I'm sure one just never was. We can't do 1:1 watches, can't assist in transferring a patient or taking them to an appointment off site etc' – Mental health

'Due to an additional vacancy (in Admin/reception) we have had to take on more of those duties while trying to manage our clinical responsibilities. We have had to create a waitlist for entry to service. Did not have one prior to the clinical vacancy.' – Orthotics

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Foreword

At any time during the last two years, the Minister of Health could have issued a direction to Health New Zealand | Te Whatu Ora that all vacancies in hospitals and community services are advertised immediately and filled as soon as possible. He has not done so, because his government has underfunded the health system and relied on deliberately slowing recruitment to save money. Patients are paying the price for this decision.

For two years, health workers have dreaded any of their colleagues leaving, because they knew there would be deliberate delays to the vacancies. It has been routine for months of intentional delays before a vacancy can even be advertised. This report details the 'strong recruitment controls' the Minister agreed to and their impact on patients.

Intentional vacancies in the health system are part of this government's deliberate dismantling of our public health system. One of their first acts was the disestablishment of Te Aka Whai Ora | The Māori Health Authority under urgency. Workers who fought hard for pay equity at Health New Zealand | Te Whatu Ora had their right to review taken away. Health workers have seen round after round of restructuring, hundreds of voluntary redundancies among administration workers, and 1,000 jobs cut in Data and Digital. Each of these is a choice that undermined the health system and hurt patients.

New Zealanders deserve a fully staffed, well-funded health system that ensures everyone gets the care they need. The PSA has fought in workplaces across Health New Zealand | Te Whatu Ora for intentional vacancies to be filled and used our bargaining strength to address understaffing. This report is part of our work using our collective strength to fight until all New Zealanders have access to the health care they need.

This report shows the basic truth of the union movement – we're stronger together than we are alone. The Minister of Health has attempted to obfuscate the reality of deliberate understaffing in the health system. Individual health workers know that their service is understaffed to save money, but struggle to get their experiences taken seriously. Together the collective voice of health workers shows the reality these workers face and reveals the truth of underfunding in our health system.

Fleur Fitzsimons and Duane Leo
PSA National Secretaries

Executive Summary

Between June 2024 and June 2026, when a worker in any role left Health New Zealand | Te Whatu Ora their service had to follow a new high-level bureaucratic procedure to apply for permission to replace them. It was routine to delay approval to recruit for months. These hiring restrictions were intended to save money, while the costs fell on patients and health sector workers. The Minister of Health knew about and approved these restrictions.

From 1 July 2026, some financial authority within Health New Zealand | Te Whatu Ora has been devolved to districts and regions.[1] However, hiring restrictions continue because they are the result of underfunding.

This report uses the testimony of health workers, public documents, documents provided under the OIA, and information Health New Zealand | Te Whatu Ora provided to PSA to expose the impact these hiring restrictions have had on patient care.[2] This report includes 145 quotations from workers on the ground in our health system. Every one of them points to a failure in care that can be directly attributed to government underfunding and the practice of deliberately leaving vacancies unfilled.

Key Findings

- Health New Zealand | Te Whatu Ora intentionally delayed recruitment to save money due to government underfunding.
  - » 76 per cent of health workers reported that their team had to wait more than a month to get approval to fill a vacancy.
  - » Services have had to routinely wait months to advertise roles that were in budget and replace a worker who had left. For example, it took six months for three neo-natal Intensive Care Unit nurses at Capital, Coast and Hutt Valley to be approved.
  - » Decisions about employment are made by regional panels that have strict limits on the FTE (full-time equivalent) they can approve. The Northern region, with over 20,000 employees, has been limited to hiring 40 FTE a fortnight.
  - » In an organisation of over 90,000 workers, the Chief Executive had to approve the replacement of roles, for example that of an accounts payable worker who retired in Invercargill.
- Saving money through not filling roles has deprived patients of care and harmed their health.
  - » Health workers in areas with large Māori populations explicitly linked the underfunding of their services to racism within the health system. Deliberate vacancies entrenched health inequity and breached Te Tiriti o Waitangi.
  - » Delays in filling clinical roles have had devastating consequences. For example, stroke patients who should be seen five times a week were only seen three times, which permanently limits their recovery.
  - » Patients have also been harmed by deliberate vacancies in non-clinical roles. For example, if there are not enough administrators, then clinicians have to do administrative work, which reduces the time they can spend on patient care.

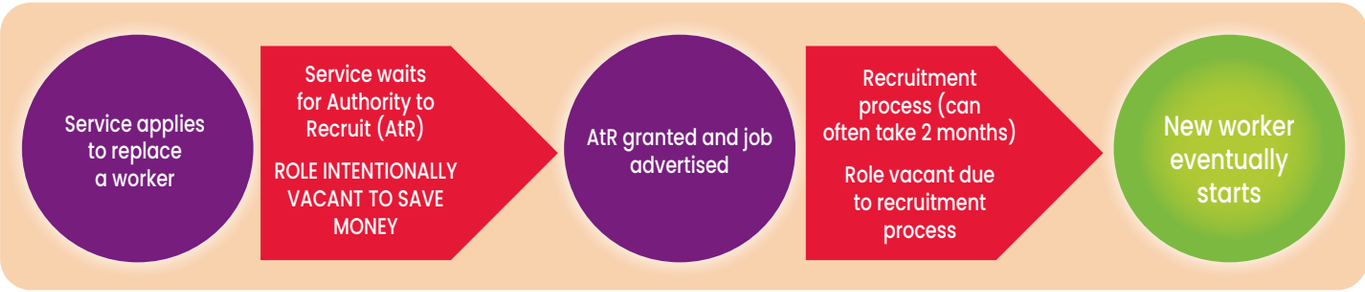
1 Hon Simeon Brown, Minister of Health, 'Moving Health Decisions Closer to Home', 17 March 2026, Moving health decisions closer to home | Beehive.govt.nz

2 OIA requests as follows: HNZ0097158, HNZ00200949, HNZ00093521.

» 85% of health workers reported that vacancies had increased stress and burnout for other workers. Workers described a vicious cycle where stress and exhaustion due to understaffing was causing people to leave.

- In March 2025, the Minister was told in a briefing paper that in order to save money some clinical roles would be delayed or not recruited to until the end of the 2025/2026 economic year.

The harm that has been caused by these intentional vacancies is the result of successive governments deliberately choosing to underfund the health system.



Recommendations

Recommendation 1

Cabinet approve an immediate, substantial, real term increase in funding to Health New Zealand | Te Whatu ora to ensure that all roles can be filled.

Recommendation 2

The Minister of Health and Health New Zealand | Te Whatu Ora remove all hiring restrictions and fully staff all services.

Recommendation 3

The Minister of Health endorse filling all clinical vacancies with urgency.

Recommendation 4

The Minister of Health endorse ensuring all Māori roles are fully staffed and reinstitute Te Aka Whai Ora.

Recommendation 5

The Minister of Health endorse ensuring support roles are fully staffed such as administration, planning, and data and digital to ensure that clinicians can spend their time doing clinical work.

Recommendation 6

The Minister of Health and Health New Zealand | Te Whatu Ora are transparent about the hiring restrictions that have existed since June 2024.

Health New Zealand | Te Whatu Ora intentionally delayed recruitment to save money due to government underfunding

'We currently have a Parental Leave vacancy for a Senior Physiotherapist in our team. We sought approval to recruit to this position in August 2025. We did not receive approval until AFTER the clinician had gone on parental leave in February 2026. With the time required to advertise, interview, and wait for the successful candidate to start, it will be several months that we will carry a vacancy. This approach to recruitment is entirely unreasonable. We feel that the Regional Recruitment Committee is intentionally slowing down approvals, so that they can save HNZ some money by running vacancies. Staff are extremely frustrated by this cynical approach to recruitment. HNZ has repeatedly reported that there is no hiring freeze. This is rubbish. There is currently a recruitment ice-age. Our physiotherapy team is currently 15% understaffed. This directly impacts patient care. Patients that need care weekly, are now only being seen once every 2 or 3 weeks. This is leading to a higher rate of complications for patients.' - Physiotherapy .

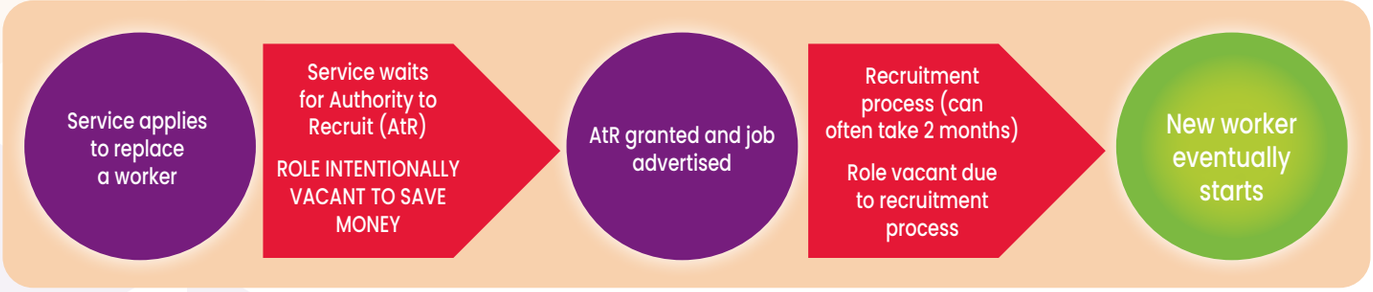
Since June 2024, when a worker in any role left Health New Zealand | Te Whatu Ora their service had to follow a new high-level bureaucratic procedure to apply for permission to replace them. It was routine to delay approval to recruit for months for all roles. Replacements of clinical roles could not be approved at the service level, the hospital level, or the district level, but needed to be approved regionally. Panels were set up in each of the four regions to decide which roles to recruit within a strict FTE limit. Roles were not recruited for months, even when they were replacing someone who left and the role was within budget. The purpose of these hiring restrictions was to save money. The cost was poorer patient care and immense pressure on the workforce. The Health Minister knew about and approved these restrictions.

This report uses public documents, documents obtained under the OIA, and the testimony of health workers to expose the hiring restrictions that have been in place at Health New Zealand | Te Whatu Ora and the impact they have had on patient care. This section outlines the hiring restrictions themselves, while the following three sections detail the impact hiring restrictions have had on patients in the health system.

For the past two years, no role at Health New Zealand | Te Whatu Ora could be recruited to until an authority to recruit was granted by multiple levels of management. That authority was routinely denied for months, leading to a proliferation of unfilled vacancies.

'I have budget for more staff, and I have vacancies, but despite having the budget and the vacancies I'm still not allowed to recruit. Refusing permission to recruit is a way of reducing headcount in effect, without actually saying that headcount is being reduced.'
– Dental services.

These additional and intentional delays in recruitment are well in excess of the normal time it takes to fill a vacant role. The diagram below demonstrates the additional unnecessary delay created by the government's recruitment controls.



A mental health worker put the process of delay very starkly: 'It causes a lot of anxiety when staff resign as we know their role won't be filled for a very long time.'

Services across Health New Zealand | Te Whatu Ora have experienced intentional delays in filling vacancies. 76 per cent of PSA members working at Health New Zealand | Te Whatu Ora reported that their team had to wait more than a month to get approval to fill a vacancy. The high percentage of teams that have had to wait more than a month to get approval to fill a vacancy demonstrates that this requirement is routine.

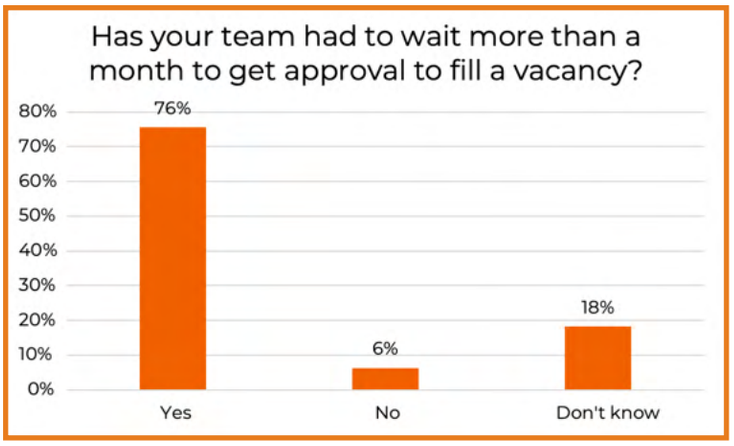
Health workers across Health New Zealand | Te Whatu Ora described waiting months (or longer) to get approval to recruit to roles:

'The wait times for our service has increased significantly - we are currently 3.2 FTE down and only in March 2026 received approval to recruit for the 1 FTE that left the service in May 2025.– Orthopaedics

'So far waited 8 weeks for approval to advertise one role.'
– Community mental health

'There have been managers who have consistently had to cover multiple roles to cover vacancies that were not yet advertised after 6 months.' – Mental health

'We have been without a section head manager for nearly 4 months which has been very stressful.'
– Children's community health



'We have had two roles left unfilled in the OT team at the rehab end of our service - one for 2 years, the other for over a year.' – Occupational therapy

'We are working our days off to cover the shifts that are empty because we can't get staff, one staff member leaves and they are not being replaced no money we are told.'
– Emergency department

Deliberate delays in filling vacancies to save money can be seen in parental leave cover. Workers apply for parental leave months in advance, but services often do not get permission to advertise the job until after the worker goes on parental leave:

'We have a Surgical Registrar who is going on Maternity Leave, we are waiting for the Vacancy to be approved so it can be advertised after being advised 8 weeks ago.'
– Orthopedics

'I am about to go on maternity leave and my manager has applied to have my post advertised 5+ months ago. It's my last day tomorrow and my role hasn't been advertised.' – Mental health

The Minister's approval of recruitment controls

The Health Minister, Simeon Brown, knew of and approved recruitment controls that led to months of intentional, additional, delays in replacing workers who had left.

In March 2025, the Health Minister Simeon Brown was briefed on the coming year's budget (2025/2026) and was told that: 'The savings plan will be underpinned by maintaining strong controls over recruitment.'[3] Strong controls over recruitment cannot contribute to a savings plan, unless a significant number of roles are delayed or not recruited to.

In this briefing, the Minister was informed that clinical recruitment decisions were being made not on the service level, the hospital level, or the district level, but needed to be approved regionally. The briefing stated that these controls would remain in place through the 2025/2026 year.

> *'Keeping tight management of recruitment is critical to delivering on the 2025/26 financial result. Strict recruitment controls have been in place throughout 2024/25, with frontline recruitment decisions requiring the sign-off of the Regional Deputy Chief Executive and with a demonstrated link to areas of service delivery need. This has been coupled with regular close monitoring of recruitment pipelines and the establishment of the HR Oversight group. The expectation is for these controls to remain in place throughout 2025/26. Alongside this control is monitoring of clinical safety so that there are no compromises made to delivery of services.' - Prof Lester Levy and Dr Dale Bramley, Briefing to Simeon Brown.*[4]

In this document the Minister was briefed about key aspects of hiring restrictions over the last two years:

- Controlling recruitment was essential to Health New Zealand | Te Whatu Ora meeting the savings goals that they had been set. Controlling recruitment can only save money if recruitment is delayed or roles are not recruited to.
- Recruitment controls included 'frontline' roles and that some of those roles were delayed or not being recruited to. It would be absurd to set up complex recruitment structures to approve clinical roles, unless some of those roles were turned down.
- That recruitment decisions were being made at the national and regional level, not the service, hospital, or district level. The sign off of the Regional Deputy Chief Executive meant the decision to replace a Physiotherapist in Nelson was being made in Christchurch.

The briefing included a disclaimer that clinical safety would be monitored and no compromises would be made to the delivery of services. The idea that it was possible to save substantial money by delaying recruitment without having an impact on health services was always a fantasy, as the rest of this report demonstrates.

3 Prof Lester Levy and Dr Dale Bramley, Briefing to Hon Simeon Brown, Minister of Health, 'Update on HNZ Internal Budget 2025/2026', 21 March 2025, Briefing - Update on HNZ Internal Budget 2025/26 (HNZ00082800) – Health New Zealand | Te Whatu Ora

4 Prof Lester Levy and Dr Dale Bramley, Briefing to Hon Simeon Brown, Minister of Health, 'Update on HNZ Internal Budget 2025/2026', 21 March 2025, Briefing - Update on HNZ Internal Budget 2025/26 (HNZ00082800) – Health New Zealand | Te Whatu Ora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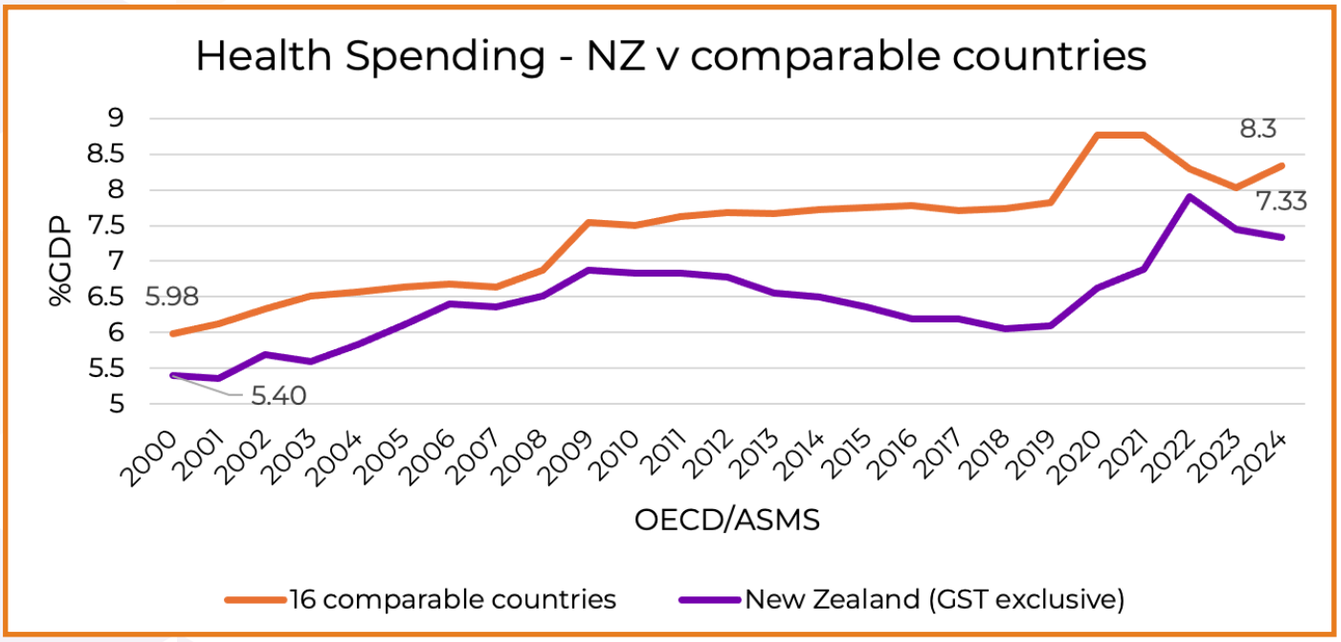
Restricting recruitment was a political choice and a response to underfunding by successive governments

The recruitment controls are the result of systematic underfunding. For the last two years, with the approval of the Minister of Health, Health New Zealand | Te Whatu Ora has been managing its budget through delaying recruitment and not filling roles. This approach to vacancies would not be needed if our health system was adequately funded.

New Zealand went into the COVID pandemic with a grossly underfunded health system. Our health expenditure as a percentage of GDP had fallen consistently over the 2010s, and the impact of this was seen in the worsening financial position of DHBs.[5] Thirteen DHBs were in deficit in the 2015/2016 economic year. By 2018/2019, all twenty DHBs were in deficit, with a combined deficit over a billion dollars. In other words, delivering health care was costing a billion dollars more than DHBs were funded for.[6]

Funding increased during the Labour-led government's response to the pandemic, but so did need. As such, nineteen DHBs ran deficits between 2019-2022. Their combined deficits were between 600 million and 1 billion a year.[7]



The true level of underfunding was masked in these years because of workforce shortages and considerable vacancies in the health sector. These vacancies, however, were unintentional. COVID and the closure of borders had exacerbated existing health workforce shortages.[8]

5 ASMS, 'New Zealand's Health Financing and Expenditure', September 2025, New-Zealands-Health-Financing-and-Expenditure-FINAL.pdf

6 The Audit Office, 'Dashboard: Reforms of the health sector', July 2024, Dashboard: Reforms of the health sector — The Audit Office

7 The Audit Office, 'Dashboard: Reforms of the health sector', July 2024, Dashboard: Reforms of the health sector — The Audit Office

8 Te Whatu Ora | Health New Zealand, 'Health Workforce Plan 2023/2024', July 2023; ASMS, 'Workforce: the make or break of the health reform', September 2023, Executive-summary_Final-sep-2023-update.pdf

In 2023, these workforce shortages lessened through a combination of the borders opening, the economic situation changing, and concerted efforts by Health New Zealand | Te Whatu Ora to address shortages.[9] These roles were needed, but while they had remained unfilled the true underfunding situation was masked.

In June 2024, their projected financial situation deteriorated rapidly from a surplus to a deficit.[10] The rapid change in the ability to fill roles was one contributor to Health New Zealand | Te Whatu Ora's deteriorating financial projections towards the end of 2024.[11]

This projected deficit was not unusual. As already mentioned, DHBs regularly ran substantial deficits. Consultancy firm Deloitte, who completed multiple reviews of Health New Zealand | Te Whatu Ora's financial situation, commented 'Staying within budget is the historical exception rather than the norm in New Zealand's publicly funded health sector.'[12]

Deloitte's investigation into the financial position of Health New Zealand | Te Whatu Ora revealed that the organisation did not have adequate financial controls, however this did not address the underlying funding question.[13] If the ability to fill roles that had remained unfilled contributed to a financial crisis, then the problem was clearly not just about financial controls, but about the underlying level of funding.

As a result of the political response to the projected deficit, Health New Zealand | Te Whatu Ora introduced a recruitment pause rapidly in mid-June 2024.[14] This recruitment pause was introduced in an effort to save money in response to deteriorating financial situation.[15] The recruitment pause covered all parts of Health New Zealand and all roles.[16] A small number of roles were allowed to be recruited but required complex approval processes. Since then, changes have been made to the process of recruitment (outlined below), but the fundamental underfunding problem remains the same.

Health workers know that is impossible to intentionally increase vacancies in the health system without affecting patient care:

> *'We are required to quietly cut and restrict services in order to prevent waiting lists from blowing out. For speech language therapy services we are required to focus on patients with dysphagia (swallowing disorders) instead of patients with communication disorders. This is having a devastating effect on vulnerable populations without access to alternative or private care.'* – Speech language therapy

9 Health New Zealand | Te Whatu Ora, 'Tū Mata Kokiri: Hearing from Our Leaders', June 2024, Obtained under the OIA, HNZ00200949

10 Deloitte, 'Health New Zealand Management Review', December 2024, HNZ-Financial-Review-Report.pdf

11 Deloitte, 'Health New Zealand Management Review', December 2024, HNZ-Financial-Review-Report.pdf

12 Deloitte, 'Health New Zealand – Financial Management and Reforecast Review', January 2026, p. 9 deloitte-report-health-new-zealand-financial-management-and-reforecast-review

13 Deloitte, 'Health New Zealand Management Review', December 2024, HNZ-Financial-Review-Report.pdf

14 Health New Zealand | Te Whatu Ora, 'Recruitment Process Guidance', 13 June 2024, Obtained under the OIA, HNZ00200949.

15 Deloitte, 'Health New Zealand Management Review', December 2024, HNZ-Financial-Review-Report.pdf

16 Health New Zealand | Te Whatu Ora, 'Recruitment Process Guidance', 13 June 2024, Obtained under the OIA, HNZ00200949.

'I work on a small allied health team that supports children with disabilities. When there is an unfilled vacancy, it decreases our clinical capacity by up to 25%. This means that our service users have to wait longer to see a clinician, which can lead to safety concerns as timely intervention can significantly help to decrease medical complications, decrease safety risk, and ensure the best possible outcome for the child. The longer vacancies go unfilled, the longer the waitlists get. I worry about children having worse medical, developmental, and educational outcomes as they are not getting the support that our best-practice evidence says they need.' – Child development service

The easing of shortages of health workers exposed Health New Zealand | Te Whatu Ora's underfunding crisis. It was a political decision to respond to this crisis by intentionally keeping roles vacant to save money, rather than by addressing systematic underfunding. This was a choice made by the Government. Every patient whose mental health has deteriorated while waiting to be seen, who has had to wait longer for an appointment because there was no administrator available to make the booking, or whose recovery from a stroke has been permanently damaged because they were seeing clinicians less often than they should, is paying the cost of that choice.

Decisions to replace staff who left were taken away from local services

Since the recruitment 'pause' of June 2024, whenever a worker left, local services have had to apply through many layers of management for authority to recruit their replacement.

Regional panels have been set up to choose which vacancies will be filled within an FTE limit

Each of the four regions had a panel that would decide which roles could be recruited to and which could not. Each panel had a strict limit in the number of FTE they could authorise recruitment for.[17]

The Northern Region of Health New Zealand | Te Whatu Ora covers Auckland and Northland and has over 20,000 employees.[18] The entire region has been limited to hiring 40 FTE roles each fortnight. Several senior leaders have confirmed this figure with the PSA.

For the past two years these panels have, for example, had to choose whether to hire a nurse in an inpatient rehab ward or a midwife in a maternity ward. Over the last two years, around New Zealand, panels have had to decide which essential roles would remain vacant in order to remain within their allocated FTE and save money.

Workers have witnessed these panels over the last two years and described the impact the process had on their work:

'I work in the recruitment team. There are multiple layers of internal and national approvals. To do my job I also have to request multiple layers of approval.' – Recruitment

'The hold up is not local (ie with general managers and district accounting). The hold up is higher up with the Group Directors Operations [district level leaders] etc and I would imagine that it will be due to high up Health NZ directives to slow up recruitment to save money.' – Occupational therapy

17 Health New Zealand | Te Whatu Ora, 'Recruitment Process Guidance', 13 June 2024, Obtained under the OIA, HNZ00200949; Toni Aitkinson, Director of the Office Deputy Chief Executive – Central Region to Jamie Duncan, Group Director Operations, Capital Coast / Hutt Valley, Memo, Re: Recruitment Approval for the week ending 10th January 2025, 8 January 2025, obtained under the OIA, HNZ00093521.

18 This number is an estimate. The Health Workforce Information Programme does not report by region within HSS. Health New Zealand, 'Health New Zealand Employed Workforce Quarterly Employed, Quarter 3 2025/2026', 20 July 2026, HWIP.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Managers are having to put considerable time into navigating this complex system.

> *'The process to get approval to recruit has increased the workload as a manager as we are having to repeatedly follow up recruitment requests, spend time (lots) on how to manage vacancies.'* – Occupational therapy

> *'The ward I work in has vacancies, but it is such a huge process to get these jobs filled it takes several months, which is beyond ridiculous and to go through 7 different people.'* – Administration

All recruitment had to be signed off by the Chief Executive or Regional Deputy Chief Executives.

In addition to the panels having to select which roles would be filled, all recruitment required sign off at a very high level. In January 2025, approvals to permanently fill any vacancy in hospital and specialist services required sign off by one of four Regional Deputy Chief Executives (these role names were later changed to Executive Regional Directors).[19] Health New Zealand | Te Whatu Ora has four regions, Northern, Te Manawa Taki, Central and Te Waipounamu. As such, the decision about whether to replace an emergency department administrator in Gisborne was made in Hamilton, while the decision about whether to approve a mental health worker in Kaitaia was made in Auckland.

Other vacancies had to have the approval of the Chief Executive.[20]The Finance team, Data and Digital, and even People and Culture who were responsible for Human Resources (HR), were not able to fill vacancies without the approval of the Chief Executive. In an organisation of over 90,000 workers, the Chief Executive had to approve the replacement of roles such as an accounts payable worker who retired in Invercargill.

In 2024, responsibility for ensuring the health system was performing for Māori was transferred to Hauora Māori Services within Health New Zealand | Te Whatu Ora. Previously it had sat with Te Aka Whai Ora, an independent agency with its own budget to 'give Māori Rangatiratanga over Hauora Māori'.[21] Filling vacancies within Hauora Māori Services also required the permission of the Chief Executive. The replacement for Te Aka Whai Ora did not even have the ability to authorise its own recruitment, which shows what a step backwards for Māori rangatiratanga within the health system these changes were.

This highly centralised and bureaucratic recruitment process was not the result of a unified health system. At no point before June 2024 had Health New Zealand | Te Whatu Ora required or discussed central sign off. Central sign off for recruitment was also not listed as a solution by Deloitte in their review of the financial management of Health New Zealand | Te Whatu Ora.[22]

These intentional vacancies were the result of political choices. The Minister publicly claimed to be moving decision making to regions, even though he had approved highly centralised recruitment controls.[23]

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19 Health New Zealand| Te Whatu Ora, HR Memo: Recruitment Approval Process, January 2025, Obtained under the OIA, HNZ00200949.

20 Health New Zealand| Te Whatu Ora, HR Memo: Recruitment Approval Process, January 2025, Obtained under the OIA HNZ00200949.

21 Transition Unit, 'Our Health and disability system Hauora Māori', Hauora Māori.

22 Deloitte, 'Health New Zealand Management Review', December 2024, HNZ-Financial-Review-Report.pdf

23 Hon Simeon Brown, Minister of Health, 'Moving Health Decisions Closer to Home', 17 March 2026, Moving health decisions closer to home | Beehive.govt.nz

Continued underfunding means there is no end in sight for recruitment restrictions.

The Health Minister will claim that these harms are in the past. He will point to the latest budget and changes to budget responsibility in Health New Zealand | Te Whatu Ora and claim that they have solved the problem. Even if this were true, and there is strong evidence to the contrary, this government would still need to be held to account for the harm caused. The examples revealed in this report are not historical and recent changes will not change the fundamental underfunding problem at Health New Zealand | Te Whatu Ora.

Devolving decisions will not solve limits on vacancies caused by underfunding

Simeon Brown has announced that from 1 July, some financial authority within Health New Zealand | Te Whatu Ora has been devolved to districts and regions. The Minister of Health presented this as moving decisions closer to communities.[24] However, hiring restrictions are still continuing as they are result of underfunding.

The Minister of Health's statements do not reflect health workers' experience on the ground. On 29 July 2026, the Minister of Health claimed in Parliament that regional approval is not required for funded roles. In the northern region, health workers were told that replacement roles still need regional approval in mid July.

There is little evidence that the claimed changes have taken place in the Northern Region (Auckland and Northland) with 20,000. As at the end of July 2026, health workers were told that the Northern region was still restricted to hiring 40 FTE a fortnight. This resulted in widespread shortages of staff. For example, in July and for at least the three months prior to that half of speech language therapy teams were severely understaffed.[25] A speech language therapist described the impact of understaffing on patients:

> *'Our waitlist is growing. People who have swallowing difficulties are having to wait, which puts them at risk of admission to hospital. People with cancer are having to wait for therapy. People with voice difficulties are off work unpaid, until we can see them.'* – Speech language therapy

In other regions, the announced changes have taken place. The change allows districts to recruit 'all staff within budget and FTE numbers'.[26] Budget and FTE restrictions are not the same thing – as many of our members have made clear. In March this year, a health worker explained the choices they were having to make:

> *'We are currently waiting for over 2 months just to get approval to recruit (and have one that has been waiting for over 3 months). These vacancies are all within budget. As at yesterday I was asked to prioritise which vacancy I wanted to progress. This is despite the vacancy being approved in terms of budget etc.'* – Occupational therapy

Services have been told again and again that although roles are budgeted for, they cannot be filled because of restrictions on FTE. Therefore, allowing hiring within budget and FTE will leave significant hiring restrictions.

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24 Hon Simeon Brown, Minister of Health, 'Moving Health Decisions Closer to Home', 17 March 2026, Moving health decisions closer to home | Beehive.govt.nz

25 Health New Zealand CCDM data Watematā.

26 Health New Zealand – Te Whatu Ora Board, 'Agreeing the pathway to devolution', 10 October 2025, Agreeing the pathway to devolution

PSA has been advised by the Group Director Operations Capital and Coast Health that the panel system is continuing at the regional level for any new role. The restrictions on hiring are being replicated under the new system.

The Minister of Health is misrepresenting the current situation and claiming that districts have power they do not have. On 29 July 2026, in response the Minister of Health claimed in Parliament that regional approval is not required for funded roles. His statement does not reflect health workers' experience on the ground. As at the end of July, Waitematā District requires regional approval for all roles and Capital and Coast requires regional approval for new roles.

In addition, even if the changes the Minister claims to have taken place had taken place, that will not solve the problems filling roles at Health New Zealand | Te Whatu Ora. The number of FTE that a district is allowed to recruit to is less than the number required to run their services, it therefore does not matter if the decisions are being made by the local manager or the Chief Executive. Regardless, the result will be understaffed services.

Health service funding was cut in real terms in the latest budget

In the recent budget, the Minister announced a $1.37 billion cost uplift and claimed that it would enable more care for patients. Of this uplift, $1.1 billion went directly to health services, a 3.8% increase.[27] Annual inflation over the year to June was 4.1%.[28] This means that rather than an increase, this year's budget offered a funding cut in real terms for the health sector.

The current recruitment restrictions are in response to underfunding. Without a substantial real term increase in funding then Health New Zealand | Te Whatu Ora will not be able to fill all budgeted roles and the harms described in this report will continue.

The following three sections of this report demonstrate that restrictions on FTE left us with an understaffed health system. Without an uplift in funding, and the ability to recruit FTE to the level needed to run services, the alarming damage understaffing has done to patients will continue.

Not filling clinical roles has deprived patients of care and harmed their health

> *'We as a service are only able to respond to absolute Priority 1 matters, which leaves whānau who still require awhi but not as acute (but still just as deserving) experiencing longer wait times to have access to our service. This then creates an issue because if those whānau needs are not addressed within a certain timeframe, they become Priority 1 matters and we then have increased demand without increasing our capacity to respond.'* – Children's allied health

Unfilled vacancies across the health system have deprived people of care and directly caused patients' health to deteriorate. Health workers see the impact vacancies have on patients every day and know the damage that is being done.

27 The figures is the non-departmental output. ASMS, NZNO and PSA, 'Budget 2026: a Managed Decline for Health', June 2026, Joint union Budget analysis

28 Stats NZ, 'Annual inflation at 4.1 percent in June 2026', 21 July 2026, Annual inflation at 4.1 percent in June 2026 | Stats NZ

Patients who needed care for physical health have faced waitlists and poorer care because of intentional vacancies in clinical roles

A worker at a breast care centre put the impact of vacancies simply: 'not as many appointments available to patients'. Patients are not receiving the care they need because of vacancies.

Waitlists have grown because of intentional vacancies

Waitlists have ballooned, because there are not enough clinicians to see patients:

> *'We currently have a >550 person waitlist for physiotherapy where patients have had to wait upwards of a year to be seen for urgent services.'* – Physiotherapy

> *'We have a long outpatient wait list for our routine patients. Our semi-urgent patients have been taking 1-3 months to be seen. The national guidance is 2 weeks,'* – Dietetics

> *'The patients who need specialist occupational therapy input will not get it for months or over one year. The rest of the team tries to rehabilitate a client in the community without OT input and find it very difficult.'* – Occupational therapy

> *'Clients are waiting for important equipment like hospital beds or for housing modifications to enable them to have a shower in their own home.'* – Community rehab

Children's health services were not able to provide the services children needed because of vacancies in clinical roles. In one service the wait time for families to be allocated to a clinician had doubled. Vacancies in Child Development Services are causing long delays that could affect children's entire life:

> *'The result of vacancies is longer wait times for our patients or we end up increasing the criteria for referral to our services as we can not manage the workload, thereby some patients/families missing out on our service. Increased length of time on the waitlist obviously impacts our patients and their families terribly as many are struggling to cope and need our help, but it also takes a toll on staff as we know patients and families are waiting longer and this is distressing for our staff who care about the patients and families we support'.* – Child development service

> *'Vacancies have led to delayed time to initial assessment, which impacts care from a safety perspective i.e. children continue to feed unsafely, or missing developmental windows of opportunity for establishing oral feeding. Less frequent provision of service can result in delayed progression of feeding plans, or medical teams needing to potentially unsafely progress plans, which means children are at increased risk of airway compromise, tube dependent for longer or unable to establish necessary skills for safe oral feeding, which means longer term tube feeding requirements.'* – Children's speech language therapy

Patients are receiving less care because of intentional vacancies

Longer waiting lists, and their effect on patients' health, are just the start of the impact on patient care. Across the health system, patients are receiving less care because clinical roles are unfilled.

> *'I work in a dialysis clinic. The increased workload for the rest of the on-duty staff leads to tasks becoming overwhelming. This, in turn, reduces the time available for reviewing patient cases and providing the best care due to the shortened timeframes.'* – Renal

'Clients are quite literally being seen less than half as often as they should due to poor coverage.' – Occupational therapy.

'Vacancies mean that patients are often not being seen by physiotherapy and physiotherapy assistant staff on a given day when they are in an inpatient rehabilitation setting where physiotherapy treatment is one of the major reasons the patients are here.'
– Physiotherapy.

Shortages of laboratory workers have led to delays in results being returned. Patients are not getting lab results when they should.

'Unfilled vacancies have caused a significant impact on turn around times which results in delayed patient care. Doctors are having to phone requesting results for their patients which are not available due to staff shortages and work overload.' – Labs

'Vacancies and unfilled shifts have reduced our capacity to process and analyse samples, leading to longer turnaround times, particularly for non-urgent cases, while urgent work is prioritised. This can delay clinical decision-making, especially in time-sensitive settings such as prenatal testing.' – Labs

'Delays to results, increased frequency of incidents which have resulted in patient harm, reduced service (i.e. some tests are no longer performed or performed less frequently).' – Labs

The rationing of care because of vacancies is particularly concerning for people recovering from a stroke. Patients have the best chance of recovery if they receive care after a stroke. Health workers know that stroke patients are not receiving the care they should because of short staffing.

'Stroke patients should be seen at least Monday to Friday, and they are commonly only seen 3 times a week at the moment, this impacts on their ability to make meaningful gains, it certainly means they're in hospital for longer which is not good for them either. They are getting less and less as our staffing situation progressively worsens.' – Physiotherapy

'Vacancies have directly impacted patient care. I work in the Community Stroke Rehab. What patients SHOULD be getting is 2-4 sessions per week for the first 12 weeks post discharge and continued for up to 24 weeks. This would result in best outcomes for our patients. Now, very often I have to discharge patients with even SEVERE communication impairments with only 8 weeks of care.' – Speech language therapy

'We work with patients after they get home from the hospital, when they still are working hard to get their speech, language, and swallowing back. These patients are medically stable, but they need a lot of support to make the transition back home. Yet often our patients have to wait 6, 8, 10 weeks to start services with us because of vacancies' – Speech language therapy

Restrictions on hiring in order to save money have meant that some people are not receiving the care they need:

'High needs children in low economic areas are not getting screened early/ or followed up properly meaning they are falling through the cracks not only at school but in the health system as well' – Public health

'We had to shut down a service to provide chemotherapy in an area as there were not enough nurses to provide treatment.' – Oncology


Stevie
Hallett
2025

'Often priority patients are unable to be seen at all, this results in poor patient outcomes - often with significant detrimental health such as incurable cancer, increased frailty, poor rehab potential.' – Speech language therapy

Patients' conditions have been getting worse because of intentional vacancies

The impact of reduction in patient care flows through to the health system as a whole that has to deal with conditions that have been left to worsen. A podiatrist described the cost of saving money by not filling vacancies: 'Vacancies have meant longer times to be booked in for outpatient clinic resulting increased severity of condition when finally seen with a hugely increased finical burden for the hospital and personal burden for the patient.'

Health workers across the system described unnecessary readmissions to hospital due to patients not receiving the care they needed in the community or in their initial hospitalisation because of clinical vacancies. Rationing care in the short term has significant long term costs:

'I work in outpatients, and people don't get seen if a position is not filled. When everyone is here we very nearly keep up with the referrals. When we are short staffed the list grows and we never recover. Priority 1s are described as seen within 5 days. Currently we hope to see them in three months. Priority 2 should be two weeks and is currently 4-6 month wait times. We treat people with dizziness, balance disorders, neurological conditions and amputees and so if not seen they are at significant risk of falls (ie harm to them and more expense to health system).' – Physiotherapy

'Vacancies have meant longer wait times for high priority nutrition therapy. Some patients are discharged without being seen at all. Patients have been readmitted because it takes too long for them to be seen in outpatient clinic.' – Dietetics

'Waiting lists (community service) have significantly increased, likely leading to unnecessary hospitalisations by clients who could have been seen at home. Clients significantly deconditioned by the time our service has first contact.' – Community occupational therapy

'Due to vacancies and very slow recruitment processes, community therapy waiting lists have grown exponentially. Priority 1 community patients are waiting for weeks or months instead of the 2-3 working days it used to be. Priority 2 patients may not be seen at all. Patients are being injured before being assessed for equipment or receiving therapy, ending up in ED and hospital.' – Physiotherapy

'In my service vacancies led to a patient being readmitted to hospital due to under-managed tube feeding.' – Children's dietetics

Patients were readmitted to hospital because they were not getting the care they needed and their health had suffered as a result. Health workers described the impact that lack of care due to clinical vacancies had on patients:

'Children are going longer without regular dental checkups and treatment, therefore children with bad oral health, their cavities are getting larger, in some cases abscessed.' – Dental health

'When staff are away there is nobody to cover them, so appointments get cancelled. This means patients will have poorer outcomes. For example, following a total knee joint replacement, rehab sessions get cancelled & those patients are at risk of developing long-term stiffness/weakness which means a poor outcome after what was an expensive surgery. Those patients deserve better.' – Physiotherapy

'There is an increased risk of death to women and children. They are not being identified as at risk when they visit health services therefore we are not being notified in order to ensure safety and protection.' – Social work

Over the last two years, patients have not received the health care they needed due to a deliberate strategy of not recruiting to vacant roles to save costs. That decision has had significant impacts on people's health and across the country there are people whose health has been permanently impacted by these decisions.

Examples of delays recruitment in clinical physical health roles[29]

Job title	Team	Recruitment applied for	Recruitment approved	District
Cardiac Sonographer	Medical Outpatients	5/03/2025	not approved after 12 weeks	Northland
Consultant Radiologist	Radiology Services	7/03/2025	not approved after 12 weeks	Northland
Dietitian	Dietitians	14/05/2025	approved after 19 weeks	CCHV
District Nurse	Community Health Service Kapiti	23/04/2025	approved after 20 weeks	CCHV
Medical Radiation Technologist	Radiology	14/04/2025	not approved 8 weeks later	Southern
Midwife	Maternity	17/04/2025	not approved after 6 weeks	Waitemata
Midwife	Birthing and Assessment	15/04/2025	not approved after 7 weeks	Counties Manukau
New Born Hearing Screener	Family, Community, and Rural-Primary Health	10/03/2025	not approved after 12 weeks	Northland
Nurse Practitioner	Neonatal Care	15/04/2025	not approved after 7 weeks	Counties Manukau
Pharmacy Technician	Pharmacy	23/04/2025	approved after 19 weeks	CCHV
Physiotherapist	Physiotherapy	12/03/2025	approved after 19 weeks	CCHV
Radiology Assistant	Radiology	16/04/2025	not approved after 6 weeks	Waitemata
Registered Nurse	Emergency Department (ED)	7/04/2025	not approved 5 weeks later	Southern
Registered Nurse	Neonatal Intensive Care Unit	19/03/2025	approved after 24 weeks	CCHV
Registered Nurse	ICU	5/03/2025	approved after 19 weeks	CCHV
Registered Nurse	Cardiology	15/04/2025	not approved after 7 weeks	Counties Manukau
Registered Nurse	Dialysis	16/04/2025	approved after 18 weeks	CCHV
Social Worker	Child Development	9/04/2025	not approved 7 weeks later	Waitemata
Sonologist	Ultrasound	3/03/2025	approved after 28 weeks	Southern

29 HNZ0097158 Appendix One and HNZ0097158 Appendix One – CCHV Response Updated.xlsx, Obtained under the OIA, HNZ0097158.

Patients have had reduced access to mental health care and faced harm because of intentional clinical vacancies

'I work in the CRISIS team, so we need to have a full team at all times, this is not the case. Significant possible suicide risk to our patients' – Crisis mental health

Understaffing in mental health services has been exacerbated by deliberately not filling vacancies to save money. Approvals to fill vacancies took months and sometimes years. Mental health workers described these delays:

'Waited almost a year to get a vacancy approved!!!!' – Mental health

'We are a small team with 2 vacancies at the moment - it takes months and months to replace staff, leading to extra work on already overloaded staff.' – Mental health

'Takes so long for a vacancy to be advertised, and I'm sure one just never was. We can't do 1:1 watches, can't assist in transferring a patient or taking them to an appointment off site etc.' – Mental health

Mental health patients have not received care because of deliberate vacancies

Patients have not been receiving care because services did not have enough staff. Mental health workers were very clear that understaffing led to delays with patients receiving care and longer waiting lists.

'Patients do not get to be seen in the required time frame.' – Alcohol and other drugs service

'In a community mental health team context - lack of staffing (particularly nurses) has contributed to an inability to provide timely and appropriate care to whaiora. There is a constant waitlist for the service and not enough staff.' – Community mental health

'Clients have to wait a long time to be seen acutely (even when there is risk) and they face significant wait times for therapeutic support.' – Mental health

'Delayed triage, inability to admit patients to medical detox due to delayed paperwork and not enough nurse staff on the ward so other teams low staffing effects our team too.' – Mental health and addiction services

Deliberate vacancies due to underfunding has meant patients have gotten worse. Mental health workers described delays in seeing patients and the impact of waiting lists:

'Long waitlists means we are often seeing patients 18-24 months down the line from referral. As a result, the chronicity of conditions presenting is growing and our patients health outcomes are negatively affected.' – Mental health

'Longer waiting list for outpatient treatment, longer waiting list for planned admissions (causing increased demand on acute services).' – Eating disorder treatment

'We now see very unwell clients with issues that could have been solved earlier now the health of people has deteriorated.' – Mental health

'We are only able to offer the very minimum service; therefore we are not giving patients what they deserve, or need. So, the patients constantly relapse and we are in a continuous cycle.' – Community mental health

'Vacancies within the team have caused staff to have incredibly high caseload numbers, which impacts directly on the amount of care and follow up they can provide to people under their caseload. We then in turn start to see more whaiora becoming acutely unwell (due to the lack of quality follow up happening as a result of high caseloads).' – Community mental health

'Our waiting list has grown a lot so people are taking longer to receive care and becoming more unwell. When we do pick them up their illnesses are more entrenched and treatment takes longer, further impacting waitlists.' – Eating disorder treatment.

Mental health patients' physical health has suffered due to unfilled clinical vacancies. Workers reported that their service did not have enough staff to ensure that patients physical health needs were met:

'Not enough resources to ensure patients meet their physical needs and appointments i.e GP, blood tests, interpreters.' – Mental health

'Unfilled vacancies has meant a lack of support for patients maintain their regular health appointments.' – Mental health

New Zealanders with mental health conditions already suffer poorer physical health outcomes and die earlier than those without.[30] Deliberate understaffing to save money is exacerbating this inequality by denying physical health care to those receiving mental health treatment.

Mental health patients have received a lower quality of care because of intentional vacancies

Mental health patients are receiving lower quality care because of understaffing. Mental health workers described not being able to provide activities, visits in the community, cultural support, group therapy, and other rehabilitation because of understaffing:

'2 staff in our department for 60 unwell patients.... less 1:1 time with patients, less ability to keep our OT space open for activities for patients when we are needed to run assessments.' – Mental health.

'Due to understaffing, patients sometimes don't have their needs fulfilled which tends to make them frustrated and can cause rifts on the ward. Sub-standard care and minimal time spent with patients makes them feel rejected and not valued.' – Mental health

'Mental health tangata whaiora cannot go out in the PM shift.' – Mental health

'Groups, regular visits and care planning unable to happen as case loads are higher due to less staff.' – Mental health

'Individual therapy and skills group had to be discontinued in Mid and far North as clinicians who were trying to cover the gap as well as their own existing workload reached burn out.' – Mental health.

As a result of insufficient care due to deliberate unfilled clinical vacancies, patients are not recovering as they would with proper care and they are spending longer times in hospital.

'Patients stay in hospital for longer than they should because they are unable to receive the care

30 Richmond-Rakerd LS, D'Souza S, Milne BJ, Caspi A, Moffitt TE. Longitudinal Associations of Mental Disorders With Physical Diseases and Mortality Among 2.3 Million New Zealand Citizens. JAMA Netw Open. 2021;4(1):e2033448. doi:10.1001/jamanetworkopen.2020.33448

they need from the community teams due to understaffing. They also stay longer as their needs are not being met in a timely manner while in hospital and there is insufficient time and staffing per shift to make proper care plans for each patient and follow them through. We've had multiple vacancies for months.' – Mental health

'We have had one occupational therapy vacancy for 2 years and the other for 1 year. Neither yet to be advertised. Having no OT lead to increase length of stay which blocked beds, clients not having opportunities to develop skills needed to live in the community, deterioration in functional ability and quality of life.' – Mental health

'There is less time for proactive care for whaiora, often resulting in their health deteriorating - which leads to more acute presentations, worse outcomes for whaiora, and more stress on staff. It's a vicious circle.' – Mental health

Older and younger mental health patients are particularly vulnerable when provided with substandard care. Workers in mental health services that cared for older people described the impact of inadequate staffing, including higher risks of falls and those who have less complex needs receiving little attention:

'Patients get left for long periods of time unsupervised as we require multiple staff to attend to one patient with complex needs and only have 2-4 nurses per shift sometimes less and have many patients on 1 to 1s which takes a whole staff member off the floor.' – Mental health services for older people

'We are not able to provide the 1-1 watches that we need putting patients at risk of falls, absconding & assaults. Quieter patients are not getting the input that they need. We have no staff to provide any kind of activity structure in ward. I work in mental health this is so important.' – Mental health services for older people

For young people, the risks of not receiving mental health care when they need it are substantial and can impact the rest of their lives. Mental health workers described long-waiting lists that meant children were not receiving the support that they needed and were entitled to. Some children were aging out of the service without receiving care and then had to join a different waiting list to receive adult care.

'In some cases the person has either aged out of the system and will need a new referral to an adult team (with an even longer wait time) or they have been lost to care.' – Child and adolescent mental health service

'Our waitlist has grown significantly over the past year. People are waiting longer to be seen and start the process for assessing their needs, getting a diagnosis to allow extra support where required (like school) and starting medication if this is the right thing for them.' – Child and adolescent mental health service

'Long waits for diagnosis which may be really significant for young people who could be qualifying for additional funding or school supports.' – Child and adolescent mental health service

'Longer waitlists and frustrated families which often means we see more clients popping up in crisis because they are not receiving the individual therapy as they are sitting on a waitlist.' – Child and adolescent mental health service

Children who do not receive the mental health care they need having been paying the price of the government's underfunding of health and the deliberate strategy of not filling vacancies to save money.

Examples of delays recruitment in clinical mental health roles[31]

Role	Team	Recruitment Applied for	Recruitment Approved	District
Alcohol and Drug Clinician	Community Alcohol and Drug Services	2/4/2025	not approved 8 weeks later	Waitemata
Alcohol and Drug Youth Clinician	Alcohol and Drug Youth services	29/4/2025	not approved 5 weeks later	Waitemata
Alcohol and other Drug Clinician	Community Mental Health and Addictions	2/4/2025	approved after 11 weeks	CCHV
Associate Charge Nurse Manager	Forensic	28/4/2025	not approved 8 weeks later	Southern
Clinical Psychologist	Forensic	2/4/2025	not approved 8 weeks later	Waitemata
Consultant Psychiatrist	Community Mental Health	7/5/2025	Approved after 11 weeks	CCHV
Consultant Psychiatrist	Pasefika Community Mental Health	21/5/2025	Approved after 5 weeks	CCHV
Community Mental Health Nurse	Community Mental Health	10/3/2025	not approved 12 weeks later	Northland
Community Nurse	Child and Adolescent Mental Health	30/4/2025	approved after 20 weeks	CCHV
Consultant Psychiatrist	Child and Adolescent Mental Health	12/3/2025	approved after 11 weeks	CCHV
Mental Health Support Worker	Adolescent Inpatient	12/3/2025	approved after 23 weeks	CCHV
Mental Health Nurse	Community Mental Health	2/4/2025	Approved after 22 weeks	CCHV
Mental Health Nurse	Maternal Mental Health	2 /4/2025	Approved after 4 weeks	CCHV
Occupational Therapist	Child and Adolescent Mental Health	7/5/2025	approved after 11 weeks	CCHV
Occupational Therapist	Forensic	2/4/2025	not approved 8 weeks later	Waitemata
Registered Nurse	Adult Mental Health Services	7/4/2025	not approved 8 weeks later	Waitemata
Registered Nurse	Community Mental Health	15/4/2025	not approved 7 weeks later	Counties Manukau
Social Worker	Adolescent Inpatient	12/3/2025	approved after 25 weeks	CCHV

Tangata whaiora have been harmed and racism in the health system has been entrenched because of intentional clinical vacancies

Deliberate restrictions on hiring have harmed Māori health services and Māori health care in mainstream services. These services, which are already operating with lower resourcing than mainstream services, have seen further cuts limiting access to these services:

31 HNZ0097158 Appendix One and HNZ0097158 Appendix One – CCHV Response Updated.xlsx, Obtained under the OIA, HNZ0097158.

'Our team have had two key working roles be reallocated. We have not been told what positions these have been reallocated to.' – Māori mental health

'As a Māori Alcohol and Other Drugs service we have a high intake, small budget and small staff allocation across Auckland compared to mainstream services so unfilled vacancies put excess pressure on existing staff to meet the number of clients wanting to access the service. Vacancies increase wait times for whaiora.' – Alcohol and other drugs

Māori health teams have been limited in the support that they can provide tangata whaiora due to deliberate understaffing to save money. Māori health teams that were set up to reduce inequalities and ensure Māori received cultural support during their care, were seeing their work undone:

'No cultural tautoko, manaaki, awhi, given to patient/s and whānau.' – Mental Health

'Waikato DHB Hospital Te Puna Oranga Māori Health, it has caused my team to not be able to see all patients in our wards meaning they are not receiving cultural care & support that is needed.' – Māori health

'Our service has had to reduce by more than one FTE from an already small team. Patients very simply do not get the service unless they specifically request it. In the back office the referrals then go through a prioritisation process. We used to be a team who were able to service every patient relevant to us and now we cannot do that at all. We normally only service roughly 1/3 of our total patients.' – Māori health.

'We provide a wrap around whanau ora concept working along with clinician and other services. Ensuring Māori patients and others if they call on our service have holistic approach and choice while in our hospitals., Vacancies are causing a large gap in patient visits by our team becoming a large gap and at times patients are not seen.' – Māori health

Health workers in areas with a large Māori populations explicitly linked the underfunding of their services to racism within the health system. Workers in Te Tai Tokerau described the impact of deliberate vacancies in those terms:

'Vacancies have lead to inconsistency of Key Workers for clients, potential of not being seen in a timely manner and consistently, mistrust in service and staff. The current business does not meet the principles of Te Tiriti o Waitangi.' – Mental health

'Wait times for patient procedures have blown out from 6 weeks to 6-9 months. Referrals have now been triaged differently due to the long expectant wait times creating more urgent requests and even less space for the already waiting patients. This is not equity. This is not patient focused. This is not providing adequate health care to New Zealanders.' – Endoscopy

A health worker in Heretaunga emphasised that the process for filling vacancies downplayed Māori need:

'The vacancies the health system to ignore its basic obligation to human rights legislation including the Crown's legislated obligations to enhance and prioritise Māori communities as human beings and thus denying basic health and social wellbeing. The selection process to determine which vacancies should be filled is outside the control of individual DHBs throughout the country. As a result, the priority for Māori spaces to be successful filled are down-played. Our Māori communities continue to be disrespected, mis-aligned and starved of any attention.' – Child adolescent and family service.

Deliberate vacancies entrenched health inequity and breached Te Tiriti o Waitangi.

Examples of delays recruitment in clinical Māori health roles[32]

Job title	Team	Recruitment applied for	Recruitment approved	District
Kaumātua	Rangatahi Adolescent Inpatient Service	12 March 2025	Approved after 25 weeks	CCHV
Māori peer support specialist	Mental Health and Addiction Services	2 April 2025	Not approved after 7 weeks	Waitemata
Smokefree Facilitator	Māori Health	7 April 2025	Not approved after 12 weeks	Northland

Patients have been harmed by deliberate vacancies in non-clinical roles

> *'We are missing the following roles: Child Protection Coordinator, Family Harm Health Coordinator, Maternal Wellbeing and Vulnerable Unborns Coordinator. These are vital roles for this region as we have high child abuse stats. Our Safeguarding team has been depleted over a 3 year period, we have gone from 5 roles to 2. This. Leaders acknowledge the loss is not great but nobody has been able to do anything tangible to address the gap.'* – Women, child and family services.

Non-patient facing roles at Health New Zealand| Te Whatu Ora have also been intentionally held vacant. Vacancies in these roles have had a substantial impact on patient care. Workers in patient-facing roles need the support of many other workers in order to do their job.

Those who defend austerity in public and community services often suggest that it is just 'back office' roles that are going and that resources are being reallocated to the 'front-line'. This report has already demonstrated that there have been substantial cuts in patient-facing and clinical roles in Health New Zealand | Te Whatu Ora through delays in recruitment. This section will demonstrate that deliberate vacancies in non-patient-facing and clinical roles, such as administration, data and digital, sterile supply, and planning and co-ordination have also harmed patient care.

Intentional vacancies among kitchen staff and orderlies led to patients having cold meals:

> *'I manage a kitchen that provides patient meals. When a staff member leaves it takes forever to have that role approved for replacement or doesn't get replaced at all. Orderly staff are short and patients consistently receive cold meals.'* – Food services

Vacancies in procurement and supply lead to hospitals not having the supplies they needed:

> *'There are delays on vital care arriving at the needed time because of vacancies in stores. We have worked over Xmas, through road closures all impacting our teams' efforts to supply our hospital. We have begged and pleaded for help, to be repeatedly fobbed off. This is the state of our supply chain.'* – Stores

32 HNZ0097158 Appendix One and HNZ0097158 Appendix One – CCHV Response Updated.xlsx, Obtained under the OIA, HNZ0097158.

Vacancies in sterile supply led to operations being cancelled:

> *'Vacancies cause delay in reprocessing of surgical trays-unfair for patients to wait longer or have their procedures cancelled.'* – Sterile supply

Patients have not received the care they need because of deliberate understaffing of administration roles

> *'If admin staff are not on duty, patient information is not recorded promptly meaning that hospital records are incomplete or inaccurate for a period of time. In my ward admin staff produce Expressed Breast Milk labels which ensure that mothers' milk is stored accurately and the right milk is given to the right baby. If we are not there, then the potential for mis-labelling increases.'* – Maternity

A health system that has inadequate administrative support cannot provide the care patients need. Administrative staff are essential for ensuring that clinicians and patients have the information that they need and that systems run smoothly. If there are not enough administrators, then clinicians have to do administrative work, which reduces the time they can spend on patient care. Politicians who dismiss the importance of 'back office' workers show that they do not understand how the health system works.

A fully staffed and trained booking team is an essential part of efficient use of health resources. Booking staff make sure that every appointment can be used and that the best use is made of clinical time and resources. Unfilled, or untrained, administration booking roles lead to substantial waste of clinical time and longer waiting lists. Administrators and other health workers described the impacts of unfilled booking roles due to deliberate vacancies:

> *'Patients have been booked incorrectly or late due to lack of staff or use of relief staff who have not been trained, which is endangering patients and causing them to miss out on or be delayed for the care they need.'* – Administration

> *'Patients have a hard time booking and rebooking appts. Waitlists are behind, not enough admin to take calls.'* – Opthalmology

> *'Scheduling is shared between remaining staff, and therefore they don't have enough time to book patients into slots.'* – Respiratory medicine

> *'Due to a booking coordinator role not being filled for months another team member is having to do that on top of their normal role. Due to this patients are not booked in at a timely manner affecting our waitlist even more.'* – Cancer care

> *'The vacancies mean that we are filling out appts at short notice as we do not have the staff to be able to book them in advance as we are behind with our work. This means patients can often not be able to attend the appts we are offering.'* – Administration

Medical transcriptionists from across the country were clear that deliberate vacancies had led to a delay in patient letters and other information being typed up. These delays meant that other clinicians, whether GPs or other specialists, would not have the information they needed to provide care:

> *'We do medical transcription of the clinical dictations. Less people to transcribe = longer wait times for letters, longer time until patient receives a copy of their letter. This can have*

an impact at the GP if patients go to see their GP to further discuss a diagnosis after seeing hospital clinicians. If the GP does not have the clinic letter, the appointment is wasted and you pay good money for no outcome.' – Medical transcription

'We also do not have the typing staff to be able to keep up with clinic letters. Meaning the patients GPs are not able to access their most up to date notes about medications etc that has been discussed in clinic.' – Medical transcription

'Work is behind. I do medical typing and a returning patient may not have had their previous clinic letter typed up yet, so whoever they see doesn't know what another specialist's impression is or what treatment plan they have in mind, not to mention any medications they have prescribed from that clinic visit.' – Hospital administration

In addition to problems with booking and communication, deliberate understaffing of administration roles leads to clinicians doing administrative work. Clinicians doing administrative work has direct impact on patients as the clinicians have less time for patient care and can see fewer people.

'We have had an administrator vacancy. This impacts the clinical work as the admin work has to be done by clinical staff or does not get done. Example - referrals have to be loaded to SiPICs [South Island Patient Information Care System] and booked on Consult requests, when this is not done clinical staff are unable to see the referral information. This takes time away from patient facing care.' – Administration

'Due to an additional vacancy (in Admin/reception) we have had to take on more of those duties while trying to manage our clinical responsibilities.' – Orthotics

'Medical staff are forced to perform administrative tasks when there is no administrative support. This negatively impacts patient care.' – Administration

'We have Clinical managers monitoring email inboxes for the entire department because there is no administrator.' – Administration

'Clinics are not even been able to be filled because there is no admin support. Health professionals are completing all the administration in outpatient clinics due to no admin support.' –Physiotherapy

Examples of delays recruitment in administration roles[33]

Role	Team	Recruitment applied for	Recruitment approved	District
Administration Clerk	Cardiology Service	21/03/2025	not approved 10 weeks later	Waitemata
Administration Support	District Nursing	7/03/2025	not approved 12 weeks later	Northland
Administration Support	Endoscopy	10/03/2025	not approved 12 weeks later	Northland
Administrator	Outpatient	5/03/2025	approved after 29 weeks	CCHV
Administrator	ED & Birthing Suite	12/03/2025	approved after 29 weeks	CCHV
Administrator	Outpatient	12/03/2025	approved after 28 weeks	CCHV
Administrator	Outpatient	19/03/2025	approved after 26 weeks	CCHV
Administrator	Mobile Ward	12/03/2025	approved after 24 weeks	CCHV
Administrator	Oral Health	7/03/2025	not approved 12 weeks later	Northland
Administrator	ICU	6/03/2025	not approved 12 weeks later	Northland
Administrator	Sexual Health Service	25/03/2025	not approved 10 weeks later	Northland
Administration Support	Dargaville Hospital	6/03/2025	not approved 12 weeks later	Northland
Booking Clerk	General Surgery	7/03/2025	not approved 12 weeks later	Northland
Booking Clerk	Outpatients - Medical	10/04/2025	not approved 7 weeks later	Northland
Booking Clerk	Outpatients - Whangarei	6/03/2025	not approved 12 weeks later	Northland
Booking Clerk	Outpatients - Urology	7/03/2025	not approved 12 weeks later	Northland
Data Clerk	Emergency Department	10/03/2025	not approved 12 weeks later	Northland

Intentional vacancies in the data and digital function of Health New Zealand | Te Whatu Ora harms patients.

'There are so many hospital systems that need support, maintenance and upgrades but no resources (people!) to do it. The technical people who have institutional knowledge of the disparate hospital systems have either left or been made redundant. This creates a situation where clinicians are having to revert back to paper or manual workflows while they wait for a system to be fixed or funding to upgrade systems, or inefficient technical workarounds that are high risk (e.g. lost patient records), time consuming (e.g. admins and nurses having to 'hunt' down paper records/referrals before clinics) and frustrating for clinicians (e.g. doctors having to look at 5 systems to understand where a patient care is at).' – Data and digital

33 HNZ0097158 Appendix One and HNZ0097158 Appendix One – CCHV Response Updated.xlsx, Obtained under the OIA, HNZ0097158

Failures in hospital data and digital systems have been in the news throughout this year. These failures are not accidents, but the result of deliberate underfunding. Intentional vacancies in data and digital come on top of cuts of 1,000 net jobs in 2025.[34] On top of these cuts data and digital teams have faced the same restrictions as the rest of Health New Zealand | Te Whatu Ora. For a significant period of time all data and digital vacancy recruitment, including filing roles where someone had left, needed the approval of the Chief Executive. Delays in recruiting data and digital roles have had a direct impact on patients.

Intentional vacancies among data and digital workers have added to delays to onboarding new staff and making sure they have access to the systems they need. Delays in hiring new staff have been compounded when new staff cannot be added to the system, because of vacancies in other teams. Workers from around the health system described frustration that new clinical staff could not access work systems or do their jobs properly:

> *'Reduction in IT and HR staffing has resulted in people not being onboarded properly. This has been significant amount of unnecessary time trying to resolve this. Delays in onboarding have meant staff haven't been able to access clinical data bases and commence clinical work, staff haven't had emails for basic communication.'* – Mental health

A health system with a well functioning data and digital system improves patient care. Efficient systems mean that clinicians can focus on patients and information is always available when needed. That is not the situation in Health New Zealand | Te Whatu Ora. One of the key shifts in the formation of the agency was to build national digital systems and take advantage of digital technology to deliver better health services.[35] However, this shift required serious resources as each DHB had different systems. The system shift was never adequately resourced, so a reduced data and digital team are trying to maintain current systems and deliver new systems, while facing intentional vacancies.

When patient care applications are down because of deliberate vacancies, patient care suffers. Data and digital workers describe the difficulties of maintaining current systems with reduced workload.

> *'With fewer staff, we are seeing significantly increased turnaround time in our responses to IT requests and incidents. The impact on patient care is that clinicians are having to deal with applications that are not working as intended or having to use workarounds for extended periods.'* – Data and digital

> *'We are literally fighting to keep old infrastructure up and running, which contain critical patient care applications. Everything is digital now, but staff have been wiped out and vacancies are not being adequately filled.'* – Data and digital

Deliberate underfilling of vacancies in the service desk area has led to a significant increase in wait times for issues to be resolved. Both data and digital and other workers described how this increase in service desk wait times can have a significant impact on patient care:

> *'Vacancies have increased the amount of Service Desk calls and tickets per person beyond what we can handle in a day, causing an extremely large backlog of tickets to accumulate. These tickets are sometimes left weeks/months before being looked at if at all. This creates the potential for issues for patient care if it's an important system or a doctor is unable to login.'* – Data and digital

34 Radio New Zealand, 'Health NZ confirms a third of all IT roles will be cut', 30 April 2025, Health NZ confirms a third of all IT roles will be cut | RNZ News

35 Te Whatu Ora | Health New Zealand, 'Unify to Simplify', 3 November 2022, consultation document provided to PSA

'The lack of IT support and long waits for resolution is a real pain for many aspects of our daily work. Nothing ever gets fixed.' – Child, adolescent and family service

'Also, a BIGGIE, is the lack of I.T. support now that I.T. staffing levels have been drastically slashed. We have untold computer issues and needing documents returned, etc that sometimes take up to 2 weeks whereas they used to be same day.' – Administration.

Digital systems are going down because of understaffing and healthcare workers cannot get their data and digital systems resolved. In addition, data and digital teams that are working on improving the situation and delivering on the potential of a single national system report that vacancies are slowing down this work and increasing the length of time with the intolerable status quo:

'I work in Digital Services so the impact is that vital work to improve systems has to be de-prioritised to fit within resource constraints. Only a small % of the total work that needs to get done can get done. This results in suboptimal systems remaining in place much longer than ever intended, and the associated impacts of outages/system failures on clinical operations.' – Digital services

'A lack of software developers means we don't develop the features front line staff need. A lack of trainers and change analysists means the training and change management is lacking. Staff will be using new software to do things but not having had enough training or even any detailed info around what and how business processes are changing.' – Data and digital

Intentional vacancies in planning have an impact on patients now and in the future

'The unmet need data from trendcare doesn't show the half of it. If nobody is present they can't collect data.' – Physiotherapy

The roles that monitor need and assess the impact of intentional vacancies are also under pressure.

Intentional vacancies in teams that are responsible for planning and commissioning of services reduce patients' access to services now and in the future.

'Unfilled vacancies in our Planning Funding and Outcomes team mean we are less able to respond to provider and system needs which ultimately means that patients are not accessing services. Much of our work involves looking at current investment and whether services are meeting community needs. With vacant FTE we have limited capacity to monitor how the system is functioning. Day to day work becomes overly focused on ensuring contracts are in place and existing services continue to be funded, rather than the future-focused work we need to do to ensure that the right services are being funded.' – Planning, funding and outcomes

Vacancies in teams responsible for modelling demand have hampered the ability of Health New Zealand | Te Whatu Ora to assess the impact of underfunding and make cases for additional funding.

'My team is responsible for demand and capacity modelling within health - the outputs of which are required for business cases for funding to actually be able to begin to address the issue. There has been a vacancy in my team since September 2024. The lack of staff means we cannot provide proof that the services are underfunded, and we also cannot plan appropriately for the future.' – Planning, funding and outcomes


Stevie
Hallett
2025

Not filling vacancies to save money puts intolerable pressure on health workers, which harms the health system

'I've had to pick up extra clients to cover for people who have left their roles/jobs and the role not being replaced for 12 months. I felt very stretched and close to burn out. I was pressured to carry a greater case load than I believe is workable. This impacted my workplace performance, and I was unable to offer the level of support that I believe my clients deserve or needs. My mental health has suffered, and I needed to take sick leave to recover. I have observed several colleagues struggling with their caseloads. Workplace culture, team moral and clients have all been negatively impacted by these systemic/political decisions.' – Mental health

Workers at Health New Zealand | Te Whatu Ora have been working unsustainably to minimise the impact of vacancies on patients. The pressure of trying to care for patients under these circumstances has increased burnout and harmed the health system as a whole.

Health workers have worked hard as individuals and organized collectively to minimise the impact of vacancies on patients

Workers at Health New Zealand | Te Whatu Ora have been trying to ensure that patients are still cared for, despite the vacancies. Staff have been working incredibly hard: doing the work of multiple people, working paid and unpaid overtime, trying to do more with less, and not taking leave.

'Ongoing vacancies haven't necessarily impacted patient care too much as everyone is working harder to ensure their patients get adequate care/treatment.' – Maternal mental health service

'We are committed to maintaining service levels and do not want to let any area down. However, the current workload is becoming increasingly difficult to sustain. Staff are regularly working harder and longer.' – Data and digital

'Staff are also consistently working late/overtime purely because they are trying to keep up with seeing extra people during the day to keep up with the demand at the expense of needing to stay late at work to finish admin and documentation.' – Rehabilitation

'We have staff staying late, working on weekends, to try to maintain quality service, all putting their wellbeing aside to try to cover a shortage that isn't been managed by those above them.' – Social work

'Clinicians do their utmost of their ability to treat their patients and end up on sick leave as they push themselves to the limit to see extra patients and the unrealistic expectations that management or governments set.' – Physiotherapy

'Any staff sickness or leave has to be covered with an already stretched team. Everyone has been given extra work - 3 people have left and not been replaced with their work shared out between the rest of the team. Any planned or unplanned leave also has to be covered by the team so most days we have not only our own workload (plus the work of those who have left) but also needing to cover the work of anyone who isn't working. It adds a lot more stress to the day, trying to do everything as quickly as possible to get it done and then it can lead to errors.' – Booking and scheduling

Workers who had been working hard to cover vacancies expressed guilt and concern that they were not able to do more and that reducing staff to save money was having an impact on patients. Many workers expressed their shame and distress that they were not individually able to fill impossible gaps created by understaffing.

'Non routine tasks necessary to ensure the department is operating to quality and safety standards have become low priority and have to be rushed through which potentially compromises the service provided. It also adds stress to myself as I am unable to do these tasks with the care and precision they require.' – Labs

'The quality of occupational therapy assessments and reports has been compromised and not felt as much pride and prepared in my work due to have to pick up the work load of another person.' – Occupation therapy

'It's hard to get booked ahead so you constantly feel like you're behind the 8-ball. There's not enough hours in day - we are working more than 8 hours a day consistently and still cannot get the work completed enough to go home feeling like you won't be under the pump so much tomorrow.' – Administration

'Patients just don't get seen if there is no capacity its unfair and horrible and embarrassing.' – Social work

'Those of us who triage the referrals often share with each other how painful it is to accept a referral for a patient that needs us now, but whom we won't see for 8 months - there is an ongoing moral injury in knowing that we are not helping the patients who need us, when they need us. It also feels exhausting and unfair to repeatedly apologise to patients on behalf of the organisation for the delays in their care; there is a feeling of hopelessness in our team about ever being adequately resourced to meet the need.' – Physiotherapy

Being unable to fill gaps created by an underfunded health system has an impact on health workers who see the costs every day.

As well as working individually to try and mitigate the impact on patients, health workers have also worked collectively to fight for vacancies to be filled. PSA delegates have been raising vacancies with Health New Zealand | Te Whatu Ora to pressure them to be filled:

'One of our vacancies has been in the Emergency Department. It is FTE that is from a staff member reducing their hours - and is being recruited like for like. It sat at the Regional Panel (which one? I don't even get to know!) for 8 weeks, and that was with PSA and my team putting on pressure and asking management every week about this recruitment.' – Physiotherapy

'When I last updated my PSA rep, this role had resulted in 60 hours of unfilled ED Physiotherapy service. This is time when we would usually have Physio that are able to lead patient care after nurse triage - sharing ED demand with medical and impacting the organisations' ED target!' – Emergency department

'When I last updated my PSA rep, this role had resulted in 60 hours of unfilled ED Physiotherapy service. This is time when we would usually have Physio that are able to lead patient care after nurse triage - sharing ED demand with medical and impacting the organisations' ED target!' – Emergency department

After two years of saving money by restricting hiring, workers were feeling the affects of trying to do the impossible:

'We are under immense stress, and pressure. Forced to do more roles and tasks than we have time for.' – Orthopedics

'I have been expected to pick up overtime (12 hour shifts) regularly for the last 3 months with unfilled vacancies on my small team resulting in exhaustion.' – Administration

'We have had such a reduction in staff available to work weekends it has meant that the staff available are now mostly working 6-7 day weeks, with no days off.' – Physiotherapy

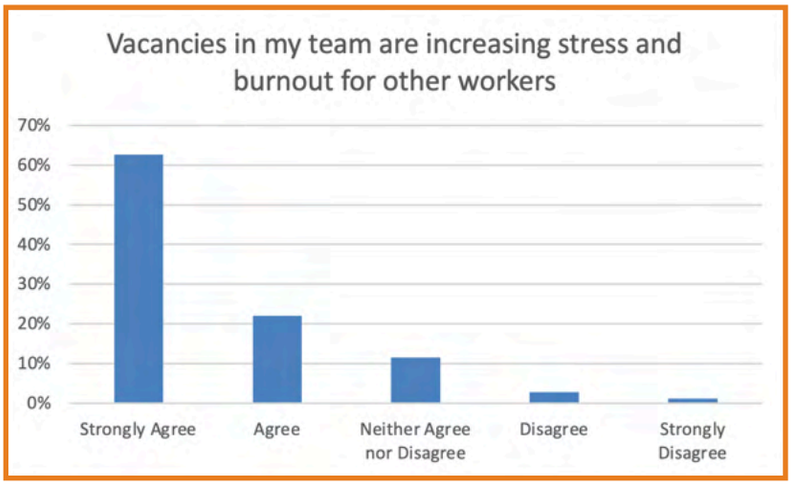
Health workers are having their leave refused and feel unable to take leave, despite working under extraordinary pressure.

'We are very exhausted, but our request for leave cannot be approved.' – Labs

'Two are left to do the work of three. It is impacting our taking annual leave as we have no cover. We are at work when we feel unwell as there is no cover.' – Mental health

'Workers are unable to have annual leave approved when they request it - this is resulting in tears in meetings, pressure on mothers to choose work over their children and the guilt of doing so, as well as increased financial pressure on them having to pay for school holiday care.' – Rehabilitation

Deferring leave adds the stress and pressure on workers. Workers described the impact that stress that understaffing to save money had on them:



'We don't have enough staff across the board: nurses, doctors, and administrative roles-all of these affect each other. People cry, don't want to be here, and feel overwhelmed.' – Opthalmology

'Staff picking up the extra workload are getting injuries from more heavy physical workload.' – Pharmacy

'The stress triggered an insomnia episode where I couldn't sleep. I couldn't work for 2 weeks.' – Occupational therapy

Each month that vacancies have been left unadvertised to save money has ratcheted up pressure on the workforce. Workers cannot absorb these extra pressures forever. A mental health worker put the problem succinctly: 'By the time we get people in the vacant roles, we have overworked and burnt out the existing staff so they then leave and look for other roles. It is a bad cycle for our healthcare system to be in.'

The cycle, where short-staffing to save money puts intolerable pressure on existing workers, who then leave making the short-staffing worse, is happening across the health system.

'Staff are tired of working under staffed and under resourced - multiple resignations occurring and staff moving to Australia for better work life balance, better pay, resourcing, and staffing.' – Physiotherapy

'As for the staff themselves, the metaphor of 'holding the place together with duct tape and good will' seems to be the motto. Which makes moving overseas an incredibly attractive option for the new starts. So we are losing senior staff members to burnout and being under appreciated and new staff to more attractive and safer work environments before they even get a foothold.' – Mental health

The intolerable pressure that understaffing puts on workers has a direct impact on patients. Every single worker quoted in this section does essential work for our health system.

Health New Zealand | Te Whatu Ora has tried to balance its budget on the backs of workers, but the cost is too high and is being born every day:

'Unfilled vacancies have seen colleagues take on extra work, essentially trying to work their own FTE along with the ones that are not filled - this leads to worker burnout, but also runs the risk of exhausted and overworked team members who may miss vital information. While we do what we can, because we hold the family at the front of our thoughts this is not achievable for much longer until we lose more of our colleagues due to lack of satisfaction and burn out.' – Child & family safety service

Acknowledgements

This report is the collective voice of 1,800 health workers. Workers at Health New Zealand | Te Whatu Ora have spent more than two years facing a deliberate understaffing crisis. Collectively their voices paint a vivid picture of the reality of our health system that is stronger than the Minister's attempt to obfuscate the impact of underfunding. This report celebrates both the work health workers do every day and the strength and importance of their voices.

Grace Millar is the report's lead author. Sam Huggard, Andrew McCauley, Shannon Walsh, and Kirsten Windelov provided editorial support. Dan Phillips designed the report. The artwork is by Stevie Hallet.

Appendix 1: Methodology

This report is based on information provided through OIAs and a survey of PSA Members who work at Health New Zealand | Te Whatu Ora.

PSA members work across Health New Zealand | Te Whatu Ora, including in the following roles:

- Mental health nursing, including registered nurses and support workers, in both inpatient and community settings, including addictions, forensic services and dual-diagnosis services for people with learning disabilities.
- Administrative including medical secretaries, surgical bookers and schedulers, clinical transcriptionists, ward clerks, payroll and finance, and team administrators.
- Other professions such as IT specialists, advisors and analysts and managers.

The survey was run between Wednesday 11 March 2026 and Friday 27 March 2026, and was sent to 26,000 members. The survey was completed by 1,804 healthcare workers at a 6.7% response rate. The survey has a margin of error, at a 95% confidence level, of ± 2.23%.

All quotes not attributed to other documents are from healthcare workers responding to the question 'What impact have vacancies and unfilled shifts had on patient care and the services you provide?' Quotes from healthcare workers have been lightly edited for clarity, brevity and anonymity.

'Our waitlist is growing. People who have swallowing difficulties are having to wait, which puts them at risk of admission to hospital. People with cancer are having to wait for therapy. People with voice difficulties are off work unpaid, until we can see them.' – Speech language therapy

'Clinics are not even been able to be filled because there is no admin support. Health professionals are completing all the administration in outpatient clinics due to no admin support.' – Physiotherapy

'As a Māori Alcohol and Other Drugs service we have a high intake, small budget and small staff allocation across Auckland compared to mainstream services so unfilled vacancies put excess pressure on existing staff to meet the number of clients wanting to access the service. Vacancies increase wait times for whaiora.' – Alcohol and other drugs

'I work in outpatients, and people don't get seen if a position is not filled. When everyone is here we very nearly keep up with the referrals. When we are short staffed the list grows and we never recover. Priority 1s are described as seen within 5 days. Currently we hope to see them in three months. Priority 2 should be two weeks and is currently 4-6 month wait times. We treat people with dizziness, balance disorders, neurological conditions and amputees and so if not seen they are at significant risk of falls (i.e., harm to them and more expense to health system).'
– Physiotherapy

'Vacancies within the team have caused staff to have incredibly high caseload numbers, which impacts directly on the amount of care and follow up they can provide to people under their caseload. We then in turn start to see more whaiora becoming acutely unwell (due to the lack of quality follow up happening as a result of high caseloads).'
– Community mental health

'We have had one occupational therapy vacancy for 2 years and the other for 1 year. Neither yet to be advertised. Having no OT lead to increase length of stay which blocked beds, clients not having opportunities to develop skills needed to live in the community, deterioration in functional ability and quality of life.' – Mental health

'Reduction in IT and HR staffing has resulted in people not being onboarded properly. This has been significant amount of unnecessary time trying to resolve this. Delays in onboarding have meant staff haven't been able to access clinical data bases and commence clinical work, staff haven't had emails for basic communication.'
– Mental health

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